

# Clinical Observation Framework

Lesson 2 · The Patho RDH

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*Learning to see before learning to name*

## Core Principle

In oral pathology, diagnosis does not begin with a name. It begins with **observation**.

Observation is the foundation that allows clinicians to **describe, communicate, document**, and eventually reach a correct diagnosis.

*When observation is weak, diagnosis becomes a guess.*

*When observation is strong, diagnosis becomes a conclusion.*

Seeing	Observing
Passive	Active
Immediate	Structured
Intuitive	Descriptive
Often assumption-based	Evidence-based

*Most diagnostic errors are not caused by lack of knowledge, but by **stopping observation too early**.*

# The Clinical Observation Order

Before assigning any diagnosis, the clinician must **describe what is seen without naming it**. This step protects clinical judgment and prevents premature conclusions. **Always observe in the same order — consistency protects accuracy.**

01

## Location

*Where is the finding located?*

Name the anatomical site precisely. Note distance from landmarks.

02

## Size

*Estimate dimensions (mm)*

Be consistent with your measurement method across visits.

03

## Color

*Describe what you see — not what you think it is*

Red? White? Brown? Mixed? Similar to adjacent mucosa?

04

## Borders

*Well-defined or ill-defined?*

Sharp or gradual transition to normal surrounding tissue?

05

## Surface / Texture

*Smooth, rough, ulcerated, papillary?*

Verrucous, keratotic, or mixed surface features?

06

## Symmetry & Distribution

*Unilateral or bilateral?*

Localized or diffuse? Does it follow a pattern?

07

## Number

*Single or multiple lesions?*

Note if clustered, scattered, or along a specific anatomical line.

■ A detailed **Oral Pathology Recording Guide** is available as a free resource at [www.thepathoRDH.com](http://www.thepathoRDH.com) and on the course page.

## Description ≠ Interpretation

Observation gives language to what you see. **Words shape clinical reasoning.**

Finding	✗ Avoid (Interpretation)	✓ Use This (Description)
Finding 1	<i>Suspicious lesion</i>	<b>Erythematous area</b>
Finding 2	<i>Looks like candidiasis</i>	<b>White plaque, non-scrapable</b>
Finding 3	<i>Probably normal</i>	<b>Diffuse borders, smooth surface</b>

### Why Description Matters

#### Proper documentation

Accurate records reviewable over time

#### Clear communication

Colleagues understand exactly what you see

#### Appropriate referrals

Referrals grounded in observable evidence

#### Safe clinical decisions

Reasoning built on what's there, not expected

## Similar Does Not Mean Identical

Lesions may appear similar at first glance. However, similar-looking lesions do not always share the same **meaning, behavior, or risk**. Observation allows the clinician to identify subtle differences that change clinical interpretation.

#### The Danger of Fast Naming

When we name too fast — we stop looking. Shortcuts in oral pathology often lead to missed information.

#### Ask Yourself

- › What made me think of this diagnosis?
- › What details am I overlooking?
- › Have I described before I named?

# Before you learn what lesions are, you must learn how lesions speak.

*This is where your clinical eye begins.*

Not with a diagnosis. Not with a label. But with **attention**, **curiosity**, and **respect for what the tissue is showing you**. This mindset — observing before naming — will guide everything you learn from here on.

## Key Takeaways — Lesson 2

### Observation is a clinical skill

Active, structured, evidence-based — not passive seeing.

### Describe before you name

Description protects clinical judgment every time.

### Follow the observation order

Location → Size → Color → Borders → Surface →  
Symmetry → Number

### Similar ≠ Identical

Subtle differences carry significant clinical meaning.

### Resist fast naming

When you name too fast, you stop looking. Pause.

### Coming up in Lesson 1.2

Translating observation into structured clinical reasoning.

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